## L09000081470

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer;
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' 09/18/09--01035--009 \*\*25.00



C. LEWIS

SEP 2 1 2009

EXAMINER

## COVER LETTER

Division of Co	orporations	•	
SUBJECT:	MIDTOWN SUF	RGERY CENTER, LLC.	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	·
Please return all corresp	pondence concerning this matter	r to the following:	
	J	AY PHILLIP PARKER	
		Name of Person	·
	JAY	PHILLIP PARKER, P.A.	
		Firm/Company	
	1691 M	IICHIGAN AVE., SUITE 320	
		Address	
	MI.	AMI BEACH, FL 33139	
City/State and Zip Code			
	fyaw E-mail address: (	ver@cleartitlegroup.com to be used for future annual report notifica	ution)
For further information	concerning this matter, please of		,
	PHILLIP PARKER		95-2699
Name	of Person	Area Code & Daytime 1	Felephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			,

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

anna SEP 18 PM 1 26

MIDTOWN SURGERY CENTER, LLC. SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on out/Ascortis.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on	08/24/2009	and assigned	
Florida document number L0900008	31470			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company	here:		
	N/A			
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Co	ompany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appl	icable: N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			
		•		
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered		on our records, enter t	he name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street addi	ress	
		, Florida		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Maria Marchetti & Amos Dare, Trustees Maria Marchetti REV Trust DTD 12-12-05	651 Okeechobee Blvd, Unit 1008 West Palm Beach, FL 33401	Add Remove
MGRM	Amos Dare & Maria Marchetti, Trustees DARE MARCHETTI TENANCY BY THE ENTIRITIES TRUST DTD 12-12-05	651 Okeechobee Blvd, Unit 1008 West Palm Beach, FL 33401	✓ Add □ Remove
MGR	JAY PHILLIP PARKER	1691 MICHIGAN AVE # 320 MIAMI BEACH, FL 33139	Add N Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
D. If ameno		e(s) here: (Attach additional sheets, if necessary.)	) <del></del>
			2009 S
<del></del>	Cantomber 16		SEP 18 RETARY
Dated		or authorized representative of a member	LED 18 PM 4: 26 ARY OF STATE SSEE, FLORIDA
	Typed	or printed name of signee	<del></del>
	-JF		

Page 2 of 2

Filing Fee: \$25.00